

Mental Retardation Community Medicaid Services

NEW  
FOR CSP YEAR

REVISION  
FOR CSP YEAR

Consumer-Directed  
PERSONAL ASSISTANCE  
INDIVIDUAL SERVICE PLAN

Individual: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

Services Facilitator/Agency: \_\_\_\_\_ SF Provider Number: \_\_\_\_\_

Services Facilitator Telephone Number: \_\_\_\_\_ Services Facilitation Start Date: \_\_\_\_\_

Designated Backup: \_\_\_\_\_ Telephone: \_\_\_\_\_

ISP Start Date: \_\_\_\_\_ Quarterly Review Dates: \_\_\_\_\_

SUPPORT GOAL/ OUTCOME:

PURPOSE OF SUPPORT	WHEN SUPPORT IS PROVIDED	HOW AND WHERE SUPPORT WILL BE PROVIDED

[illegible]

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TOTAL HRS PER WEEK:\_\_\_\_\_